	- Approve	d For Re	oloaso 2006	111/13 ⁰	*CIAT-ROP	975-00	399R	0001	0013012	25-5	DDS/0	DL/PTS-2	
REPORTS INVENTORY									CONTROL NO.				
PREPARE IN DUPLICATE									NAMEXX See Above				
I. TITLE OF R	REPORT (If a	fill-in r	eport includ	e Form N	o.)		······································		0 71127		,		
}					,				2. TYPE OF	 	STATIST		
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3. FUNCTIONAL	. AREA	LOGIST			SECURITY				OTHER (Specif	fy)		
4. NO. OF COP	IES PREPARED		MEDICAL		monthly, quarterly, etc.)			(opening)					
	3		Weekly	ly, month	ily, quarte	erly, e	tc.)	6. p	ISTRIBUTI umber of One	ON (No copies	of com	ponents not	
7. FORMAT (men	morandum, fo	rm 8. ADP	PROCESS ING				0 010	5071.					
computer p	rint⊷out, et	c) YE		IVE ADP	PROCESS ING	NO.	7. DIK	FOLIA	E AUTHOR	ITY RE	QUIRING	REPORT	
Memorand		X NO)				None	3					
10. PREPARING (COMPONENT (in	nclude low	est level	11. F	EEDER REPO	RTS (S	tate to	401	number en	d 14-			
ooner toder	ng informatio	on to repo	rt)	F	orm No., o	r nome	nclatur	·e.	Attach se	parate	Sheet i	Title, f necessary	
	OL/P&TS	;			None					•		· medecasar y	
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				12. (COST FAC	TORS							
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B. COMPLETE DET	AILED JUSTIF	ICATION FO	OR THIS REPOR	RT (in ac	-			auth	ority cit	ed in	item 9).	IF KNOWN.	
					dition to	direct	ive or	141					
					dition to	direct	ive or	141					
			OR THIS REPOR		dition to	direct HED RE	ive or	141					
•	To keep C	/P&TS/0	OL current	:ly awa:	dition to	direct HED RE	ive or	141					
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